

File Original with  
Department of Ecology  
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## WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent 131962

UNIQUE WELL I.D. # AAS 925

Water Right Permit No. 6434957

185343

(1) OWNER: Name Flying M. Farms Address 32302 N. McDonald Rd - Prosser  
WA 99350  
(2) LOCATION OF WELL: County Benton YAKIMA SE 1/4 NE 1/4 Sec 22 T 10 R 3 WM  
(2a) STREET ADDRESS OF WELL: (or nearest address) SE 23 E  
TAX PARCEL NO.: \_\_\_\_\_

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal  
☒ Irrigation ☐ Test Well ☐ Other  
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_  
☒ New Well Method: ☐ Dug ☐ Bored  
☐ Deepened ☐ Cable ☐ Driven  
☐ Reconditioned ☒ Rotary ☐ Jetted  
☐ Decommission

(5) DIMENSIONS: Diameter of well 12 inches  
Drilled 610 feet. Depth of completed well 610 ft.

(6) CONSTRUCTION DETAILS  
Casing Installed:  
☒ Welded 12 : Diam. from 10 ft. to 20 ft.  
☐ Liner installed 8 : Diam. from 8 ft. to 250 ft.  
☐ Threaded 8 : Diam. from 250 ft. to 610 ft.

Perforations: ☐ Yes ☒ No

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: ☐ Yes ☒ No ☐ K-Pac Location \_\_\_\_\_

Manufacturer's Name \_\_\_\_\_

Type \_\_\_\_\_ Model No. \_\_\_\_\_

Diam. \_\_\_\_\_ Slot Size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Diam. \_\_\_\_\_ Slot Size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel/Filter packed: ☐ Yes ☒ No ☐ Size of gravel/sand \_\_\_\_\_

Material placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: ☒ Yes ☐ No To what depth? 250 ft.

Material used in seal cement

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_

Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level \_\_\_\_\_ ft.

Static level 142 ft. below top of well Date 6-7-05

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☒ Yes ☐ No If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

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Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Temperature of water 68° Was a chemical analysis made? ☐ Yes ☒ No

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION  
Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered.

MATERIAL	FROM	TO
BROWN Silt	0	8
BROWN Silt & cobbles	8	14
Black Basalt med	14	72
Brown Basalt soft	72	83
Black Basalt med	83	122
Tan sandstone	122	141
Tan Clay	141	208
Tan sand & gravels	208	241
visicular Black Basalt	241	245
Black Basalt med	245	394
Brown Basalt med	394	420
gray Basalt med	420	500
Black Basalt med	500	592
BROWN Fract. Basalt	592	610

DEPT OF ECOLOGY  
Received  
JUL 22 2005  
JUL 1 6 2005  
DEPT OF ECOLOGY  
WELL DRILLING UNIT  
JUL 15 2005

Work Started 5-10-05 Completed 6-6-05

## WELL CONSTRUCTION CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Type or Print Name Brandon Brown License No. 2758  
(Licensed Driller/Engineer)

Trainee Name \_\_\_\_\_ License No. \_\_\_\_\_

Drilling Company Waterwell Developing & Surveying

(Signed) \_\_\_\_\_ License No. \_\_\_\_\_  
(Licensed Driller/Engineer)

Address \_\_\_\_\_

Contractor's Water OS 100MB  
Registration No. \_\_\_\_\_ Date 6-8-05

(USE ADDITIONAL SHEETS IF NECESSARY)

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